



**PATIENT**

Queen Alive

**PRESENTING CLINICAL SIGNS**

P presented last week for a quarter-sized large mass on the left side of the face. Abnormal PE/Chem/CBC/UA Results: -Dental Disease with moderate tartar and gingivitis, extensive gingival swelling over left maxilla arcade with mass effect -1cmx1.2cmx1.5cm firm swelling/nodule over left caudal maxilla with swelling extending through left upper lip and gingiva, generalized dandruff and unkept coat appearance

**SPECIES**

Feline

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, THORAX, & ABDOMEN**

**BREED**

Plain and post contrast studies available for review.

Domestic Shorthair

**COMPUTED TOMOGRAPHIC FINDINGS**

**Head & Neck**

**SEX**

FS

An irregular shaped ill-defined soft tissue mass is seen in the left side of the face. The mass extends from the upper lip up to the level of the temporomandibular joint ventral to the zygomatic arch. The mass measures approximately 4.0 cm in length, 3.0 cm in width, and 2.5 cm in height. Predominance of peripheral enhancement is noted. Aggressive osteolytic changes of the underlying left zygomatic arch are seen allowing for extension of the mass into the caudoventral aspect of the left orbita.

**AGE**

11

The regional lymph nodes present within normal limits.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Multifocal periodontal disease and resorptive lesions are seen.

A mild amount of hypoattenuating material is seen within the medial aspect of the left external auditory meatus.

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**Thorax**

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

**REFERRING VET**

Dr. Janis McGill

The cardiovascular structures including the pulmonary vasculature are within normal limits.

A mild generalized bronchial lung pattern is noted.

**INVOICE**

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Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

**Abdomen**

**DATE**

10-19-22

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.



**PATIENT** Multiple small cortical renal infarcts are seen within both kidneys.

Queen Alive The adrenal glands are within normal limits for size, shape and organ architecture.

**SPECIES** The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

Feline The liver presents mild generalized enlargement. Multiple multicystic lesions are distributed throughout the liver parenchyma. The largest is expansile with a mild mass effect and situated within the right lateral liver lobe measuring 2.0 x 1.0 cm. The gallbladder is moderately distended. Moderate irregular thickening and increased contrast enhancement of the gallbladder lining are noted. Moderate extrahepatic biliary duct and common bile duct dilation up to 4mm diameter is seen.

**BREED** Domestic Shorthair

The pancreas is mildly enlarged. The pancreatic duct is dilated. No regional mesenteropathy is noted.

**SEX**

FS The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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The bony and surrounding soft tissue structures reveal no abnormalities.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Large soft tissue mass in the left side of the face with aggressive biological behavior and secondary bone lysis of the left zygomatic arch allowing for orbital extension of the mass.
- No evidence of pulmonary metastatic disease.
- No evidence of metastatic disease of the regional lymph nodes.
- Suspect cholangiohepatitis, cholecystitis, and pancreatitis, i.e., triaditis.
- Suspect biliary cyst adenomas.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings are highly suggestive for a malignant soft tissue neoplasia in the left side of the face with secondary aggressive bone lysis and left orbital extension. Soft tissue sarcoma is the most likely differential diagnosis. Round cell neoplasia and other soft tissue neoplasia cannot be ruled out. Final diagnosis would require sampling for histology.

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At this time, there was no structural evidence of lymph node or pulmonary metastases.

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The changes of the liver are suggestive for biliary cyst adenomas and cholangiohepatitis/triaditis. Biliary cyst adenocarcinoma, hepatocellular carcinoma, and other liver neoplasia cannot be ruled out but are thought by far less likely.

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The changes of the pancreas suggest presence of concurrent chronic pancreatitis/support the presence of chronic triaditis.



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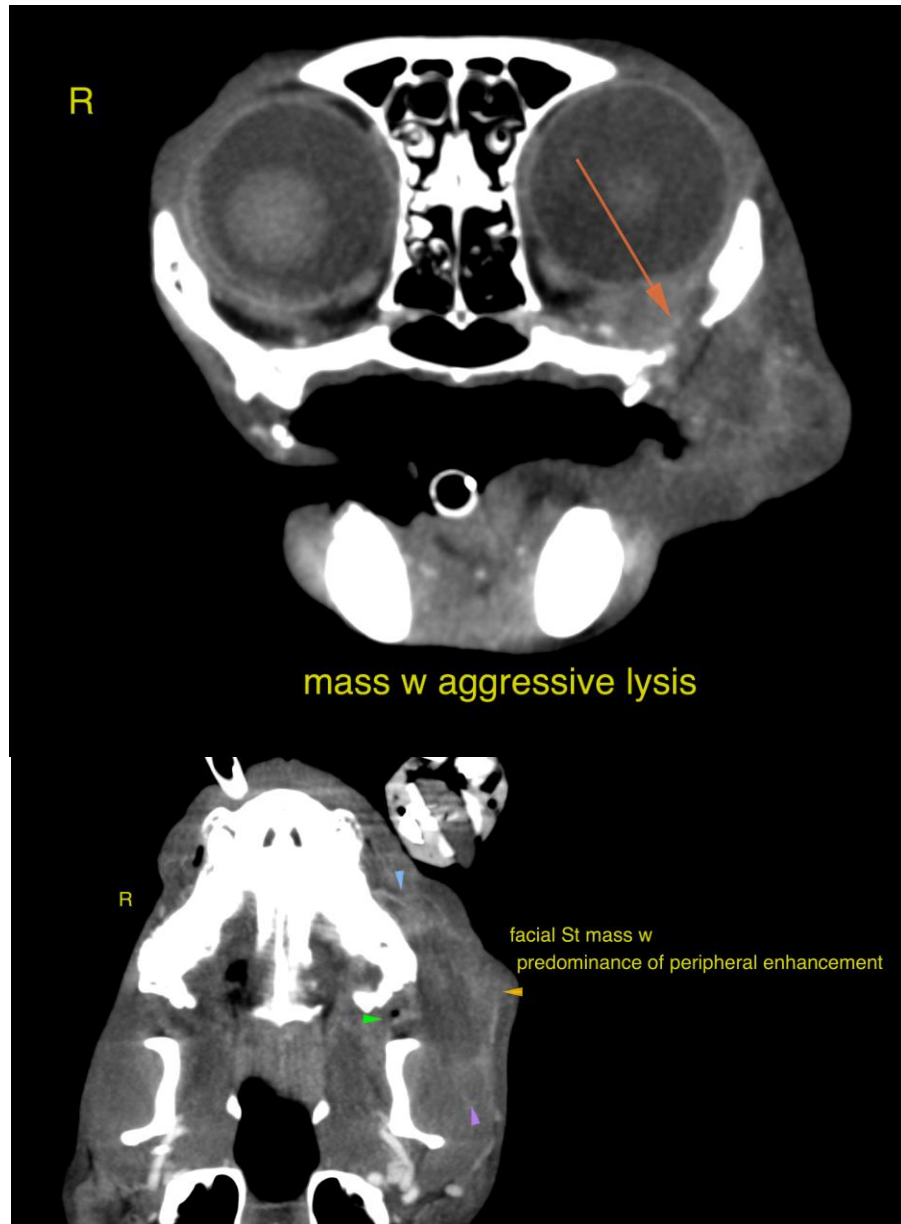
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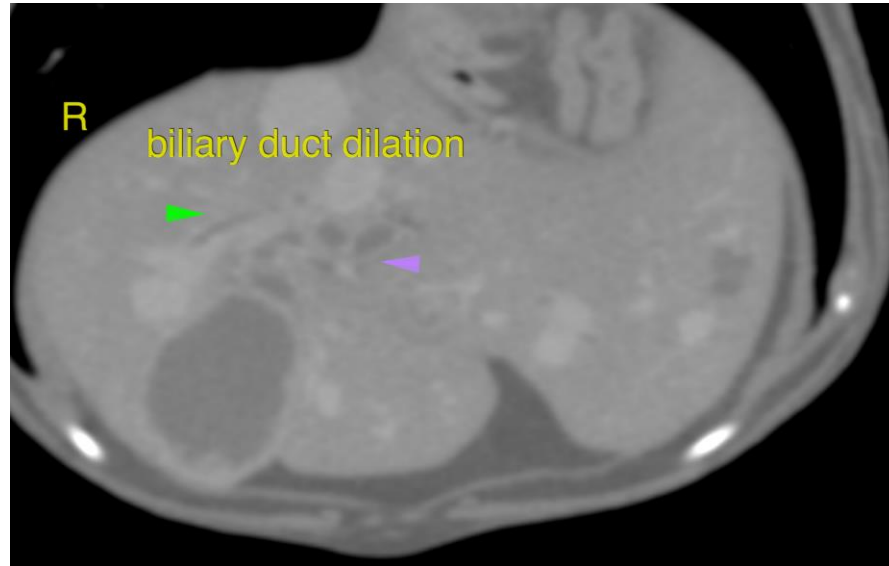
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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